

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015755

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 87

FILED APR 23 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Trenton	
Length of stay in 1b 40 yearx		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 912 Laclede St.		d. STREET ADDRESS 912 Laclede St	
3. NAME OF DECEASED (Type or print) First JOHN Middle WESLEY Last BERNARD		4. DATE OF DEATH Month APRIL Day 12, Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 27, 1876
9. AGE (last birthday) 87		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) policeman		10b. KIND OF BUSINESS OR INDUSTRY city	
11. BIRTHPLACE (City and state or country) Corydon, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles W. Bernard		13b. MOTHER'S MAIDEN NAME Katie French	
14. NAME OF HUSBAND OR WIFE Juno Bernard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	
16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. Juno Bernard, Trenton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> <i>arterio sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 4 hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Trenton, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <i>Jan 63</i> to <i>Apr 12 63</i> and last saw him alive on <i>Apr 12 63</i> Death occurred at <i>10:30</i> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. J. ...</i>		22b. ADDRESS <i>Trenton Mo</i>	
22c. DATE SIGNED <i>4/13/63</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE <i>April 15, 1963</i>		23c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery	
23d. LOCATION (City, town, or county) Trenton, Mo.		23e. DATE RECD. BY LOCAL REG. <i>4-15-63</i>	
23f. FUNERAL DIRECTOR <i>Donald H. Slater</i>		23g. REGISTRAR'S SIGNATURE <i>Gene Fair</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenbton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.